

Section IV: Developmental Case Presentation

The literature² describes practice standards on the implementation and support of Developmental Care in the Neonatal Intensive Care Unit. These are described below.

These standards will be used in the next two sections. In this section, please describe one example of your care giving with an infant and their family. Choose an infant and family you have worked with and summarize the care that you provided. **Do not provide information which identifies a specific infant or family.** You may choose any case in which you were the primary caregiver and had the ability to impact care that demonstrates your integration of developmental practices. This case should be an exemplar of the care that you deliver routinely to infants and their families. Include in the 'Case Presentation' your assessment of the infant's behaviors, your plan for nursing interventions and an evaluation of your interventions – what worked, what didn't work, what you could have done differently etc. Please include not only your interventions but the interactions of the whole team. Please remember to speak to the standards listed below. The maximum length of the description should be 500 – 1000 words. **Maximum point value=50; minimum number of points needed=25.**

Standard 1: A flexible and individualized approach is taken toward all hands-on care giving interactions, with continual responsiveness to each infant's competencies, vulnerabilities, and thresholds.

1. The individualized developmental care plan is identified and reviewed prior to the infant's care.
2. Begins care when the infant is showing a natural change of state, recognizing that state changes are often very subtle.
3. Caregiving is guided by the infant's behavior cues.
4. Approaches infant gently with soft touch or whisper before beginning any procedures, assessments or care giving tasks.
5. Care is flexible, protecting infants who are in a quiet sleep state.
6. Works with other team members and family members while being careful not to overwhelm the infant (i.e., family teaching during care giving or assessments by other team members done simultaneously).
7. Avoids prone positioning when doing any procedures, assessments or care giving tasks.
8. Caregiving is accomplished in a timely manner because adequate preparation was done prior to initiation of caregiving (i.e., everything that the caregiver will require is at the bedside and within reach).
9. Stops caregiving if infant is showing signs of distress and allows infant to reorganize and recover.
10. Is aware of how fluctuations in perfusion may influence how the infant feeds following hands on care giving.
11. Recognizes and allows infant a period of quiet alertness following caregiving, before supporting a smooth transition back to a restful sleep.
12. Recognizes and assesses pain during all procedures, assessments and care giving tasks.

Standard 2: Family-centered care is supported from birth

1. Shows respect and is welcoming towards families.
2. Is flexible regarding family needs.
3. Allows families to participate in rounds by using low tones to maintain confidentiality, encouraging their input and questions into the discussion.
4. Includes families in caring for the infant in a meaningful way from the time of birth and throughout the infant's hospitalization.

5. Documents the families teaching and capabilities to ensure continuity of care by all caregivers.
6. Reserves “family” activities for families (i.e. bathing).
7. Continuously encourages families to watch for infant behavior cues and explains how to interpret and react to their infant’s communication.
8. Explores, identifies and supports a family who is interested in skin to skin holding.
9. Explores opportunities for siblings to be involved with the infant.

Standard 3: All caregivers practice collaboratively.

1. Supports the family at the bedside during infant’s stressful procedures.
2. Collaborates with other caregivers when planning to perform a procedure or examination on an infant.
3. Discusses the procedure and what the infant will need with other caregivers prior to beginning.
4. Continues to be flexible by integrating care giving or assessments while the infant is available for another procedure rather than disturbing the infant at a later time.
5. Always seeks assistance of another person to support an infant who is undergoing a stressful experience such as procedures or care giving activities such as bathing and weighing.
6. Is always available to other colleagues who need assistance of another person when an infant is undergoing a stressful experience such as procedures or care giving activities such as bathing and weighing.
7. Consistently shares information about the infant’s behavioral competencies, vulnerabilities and thresholds when communicating with colleagues during rounds or shift change.
8. Respects and supports the roles of other caregivers involved in the infants care.

Standard 4: A developmentally appropriate environment is provided for every infant and family.

1. Adequately supports all infants with a consistently calm, relaxing environment, with muted sound and lighting between and during care giving interactions.
2. Considers and identifies all sources of light, sound, movement, smell and taste confronting the infant during care and eliminates all inappropriate or unnecessary sources of stimulation.
3. Is continuously aware of sound levels and acts appropriately by being mindful of voice levels, responding to and silencing alarms as soon as possible, and recognizing and monitoring other sounds produced in the nursery.
4. Shields infant’s eyes, while being mindful of infant’s attempts to gaze at the caregiver, when turning on over-the-bed lights for hands on care or assessments.
5. Provides the infant with bedding and other physical supports to obtain optimal position and support tone, and allow the infant to remain either in a quiet, restful sleep, or a relaxed comfortable wakefulness.
6. Supports family care giving by providing as much space and comfort as possible, keeping charts and equipment nicely organized and avoiding clutter.
7. Allows and encourages families to personalize their infant’s bed space by making the environment more home like.
8. Works at providing stability for the family by advocating for the infant during census changes, i.e., allowing the infant to remain in the same bed space and/or to make as few changes to the environment as possible.

²Robinson, L. (2003) An organizational guide for an effective developmental program in the NICU. JOGNN 32: 79-3